


SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge)
 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Ellen Carlo</i> <i>Suffolk County Sheriff's Dept</i> <i>200 Nashua St</i> <i>Boston, MA 02114</i>	4. Article Number Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED
5. Signature - Addressee X <i>Bill Grant</i>	8. Addressee's Address (ONLY if requested and fee paid) 
6. Signature - Agent X	
7. Date of Delivery	

U.S. G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE
BOSTON, MA 02111
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PM 16 T



PENALTY FOR PRIVATE
USE, \$300

RETURN
TO



Print Sender's name, address, and ZIP Code in the space below.

CLERKS OFFICE

UNITED STATES DISTRICT COURT

1 COURTHOUSE WAY

SUITE 2301

BOSTON, MA 02210

04-11935 4-7-04